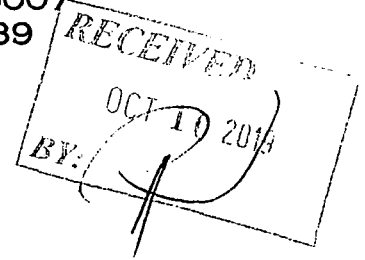


ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1PET (1738) FAX (602) 364-1039

VETBOARD.AZ.GOV



COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Oct. 10, 2019 Case Number: 20-41

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Heather Hendricks

Premise Name: 1st Pet Veterinary Centers - Chandler

Premise Address: 1233 W. Warner Road

City: Chandler State: AZ Zip Code: 85224

Telephone: (480) 732-0018

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT:

Name: Veronica Postel

Address:

City: State: Zip Code:

Home Telephone: Cell Telephone:

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Jasmine

Breed/Species: Domestic short hair

Age: 8 Sex: F Color: Grey/White/Stripes

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Heather Hendricks, do not know her address but clinic she was at:

1st Pet Vet, 1233 W. Warner Road, Chandler, AZ 85224

Date of service, 9-17-19.

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Cannot remember the tech name. I think spoke to several. One came in a had me sign a waiver to opt out of the surgery.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: *Veronica Patel*

Date: 10-8-19

Date of service 9-17-19

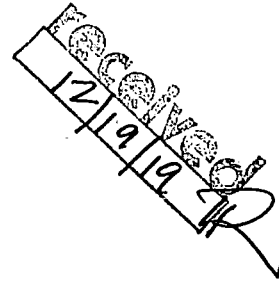
F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

I am not seeking compensation, but have a great concern over methods. My cat was throwing up and heaving and I took her to the 24-hour emergency as my vet was closed. I mentioned to the attending vet she would also sometimes tilt her head to the side as if to get something out. The vet said she thought to have seen a string under her tongue attached to a tooth and that it could have strung down through the stomach and into the intestines and could cause a "sawing effect" through the intestines. She did say would need to sedate her to verify. I insisted several times to see the string and had a tech go in back to tell the vet. The vet came back and there was no string, but said with all the throwing up suspected a blockage and took x-rays. I believe the vet was knowledgeable, but I am very concerned as she immediately recommended surgery due to a "probable" obstruction in the intestines. She showed me the x-rays and pointed to an area that "could be" an obstruction (it didn't look particularly unusual to me but of course I am not a radiologist) but the vet did not declare conclusive of an obstruction and she said it appears or could be obstructed and told me that not to operate would put my cat in a "very precarious situation" and insisted there is a sense of urgency to perform the surgery. I was very nervous and panicky, but declined the surgery. I needed to sign a waiver consenting to not perform the surgery. She said she would have a radiologist look at the x-rays the following day and get back. I had to call the next day late afternoon and spoke to the same vet. The radiologist indicated no obstruction whatsoever. The surgery would have obviously been very invasive, opening up her abdomen, but also opening her intestines to search for a blockage and of course with no blockage, who knows how much of my cat would have been explored and opened up, destroying her little physical nature with immense recovery time and pain. I find it amazing to immediately resort to such invasion WITHOUT CONCLUSIVE EVIDENCE OF NECESSITY!!!! If a vet cannot accurately read x-rays so as to engage in only necessary surgery, they should have a radiologist on hand who can immediately, onsite or offsite review imaging like we do with humans! When I called the same vet the next day to find out about the radiologist's review and got the news of no blockage at all, I very gingerly pointed out that she wanted to do this surgery and it was not necessary. She replied in a firm voice that "it was not performed because it ended up not being necessary". This is not true, it was only my instruction to not go forward that made the surgery not happen. The proof, why did they make me sign a waiver on the recommended surgery? This would have been very traumatic for my cat and myself to have gone through this unnecessary, very invasive surgery. The cost also being over \$3000 to start. I realize one sometimes needs to make a call on a situation and there are no guarantees, but in this type of medical situation, where imaging is the appropriate diagnostic tool to identify what is going on, it was obvious a call was made IMMEDIATELY without proper technical knowledge on reading x-rays. This is scary. Just imagine a doctor wants to open you up and remove your appendix without conclusive evidence it is bad and does not even have a radiologist confirm before your surgery. They stabilized her throwing up, but I have a great concern for any future pet owner going there faced with an "imminent" scary decision without the vet exercising medical proof. They could have made \$3000+ in 2 hours and I would not have known the difference of it not being necessary had I not refused the surgery and followed up with the radiologist's reading. There should be oversight on this kind of practice.

Veronica Postel [REDACTED]

1st Pet Veterinary Centers
1233 West Warner Road
Chandler, AZ 85224
(408) 732-0018



Arizona State Veterinary Medical Examining Board
1740 West Adam Street, Suite 4600
Phoenix, AZ 85007

Attention: Tracy A. Riendeau, CVT

Re: 20-41, In Re: Heather Hendricks, DVM

Dear Ms. Reindeau:

Jasmine, an eight (8) year old spayed female domestic shorthair cat, presented at 1st Pet Veterinary Centers, at approximately 6:00 p.m. on September 17, 2019. Ms. Postel, Jasmine's owner, reported that the cat had been gagging and vomiting for 4-5 days. Ms. Postel stated that Jasmine had a history of chewing on a stringy plant material located in Ms. Postel's backyard. Jasmine was reportedly having normal daily bowel movements and had no prior health problems. In addition to the medical records, which were previously provided to you, I have detailed my care of Jasmine below.

Following check-in, Jasmine was brought to the treatment area for triage due to gagging motions noted by the triage technician. I examined her at this point, and noted a possible string or foreign material underneath Jasmine's tongue. Her abdomen was slightly tense, but otherwise her exam was unremarkable. I discussed this initial observation with Ms. Postel, and told her that I recommended pain medication followed by radiographs, and a more thorough oral exam, for further evaluation and examination.

Ms. Postel inquired as to potential treatment options, if a linear foreign body was found, and associated costs for any potential treatment options. I explained to Ms. Postel that, with linear foreign bodies surgery, is often needed to remove the foreign material. I discussed the dangers of linear foreign bodies, and risk for perforation of the intestines if not addressed promptly.

Ms. Postel asked about the costs of surgery, if it was ultimately determined that a linear foreign body was present and surgery recommended. I created a surgical estimate for enterotomy to give Ms. Postel an idea of *potential* costs, IF surgery was indicated. I also generated an

estimate for pain medication, sedation, and x-rays, as I had recommended these items to Ms. Postel. Ms. Postel informed me that she would not pursue surgery regardless of results of the diagnostic testing.

We continued to discuss immediate treatment options. I explained to Ms. Postel that if a string was found during Jasmine's sedated exam, the string could at least be cut and she could see her regular veterinarian the next day. At this time, Ms. Postel signed the surgery estimate, declining any surgical intervention, since Ms. Postel indicated she would not approve it no matter what was found. Ms. Postel then approved the outpatient estimate, which included the recommended treatment of pain medicine, radiographs, and sedation for more comprehensive oral examination and diagnostic testing.

Butorphanol was administered at 6:30 p.m. A thorough oral exam could still not be performed to rule out foreign material. Radiographs were performed at 7 p.m. A moderately gas distended stomach was noted and mild gas distension of the small intestine. I discussed these findings with Ms. Postel, and reviewed the radiographs with her in the exam room. Ms. Postel consented to sedation for the oral exam, and signed a Sedation/Anesthetic Release.

Jasmine was sedated at 8:25 p.m., and I was able to confirm that there was no foreign material present in the oral cavity. There was mild soft tissue swelling of her soft palate, consistent with the history of vomiting and gagging. Abdominal palpation was unremarkable while sedated. I repeated another lateral abdominal X-ray at this time, and this X-ray showed that gas was now moving through the intestine. I noted the possibility of soft tissue density foreign material in the cranial abdomen, but there was no evidence of a complete obstruction. I reviewed this radiograph with Ms. Postel, and recommended treatment with subcutaneous fluids and cerenia (at no charge, since Ms. Postel had previously indicated to me that she had significant financial constraints).

I advised Ms. Postel we would receive a report from a Board Certified radiologist the following day, and that I would review the report with her the following afternoon. Jasmine was discharged with instructions for an 8-12 hour NPO trial, followed by small amounts of water and bland food.

The following day, I received a call from Ms. Postel soon after arriving at work. I reviewed the radiograph report with her, and confirmed that the radiologist did not see evidence of obstruction or foreign material. Gas distension of the stomach and intestine was confirmed by the radiologist as discussed the night before. The cause for Jasmine's signs was not identified radiographically, but enteritis was a consideration. I discussed other potential causes of vomiting (pancreatitis, kidney disease, liver disease, inflammatory bowel disease, etc.) that could be considered if her symptoms persisted. Ms. Postel stated the Jasmine had no further vomiting since the day prior, though she had not yet offered food because Jasmine did not seem interested. I recommended she offer small amounts of food and water. Ms. Postel indicated she would do this and planned to recheck with her regular veterinarian.

Upon reviewing Ms. Postel's Complaint, it appears that she has mischaracterized and/or may have misunderstood my findings, as well as our discussions regarding treatment. Ms. Postel states that I "immediately re

commended surgery due to a probable obstruction in the intestine". As noted in the medical records, this is inaccurate. I did discuss with Ms. Postel that if an obstruction or linear foreign body was found, surgery *could* prove necessary. As you can see from the medical records, I had not determined whether there was a "probable" obstruction, and was simply taking diagnostic studies and conducting an oral examination based on the reported symptoms and my and my staff's observations. To put it simply, at the time, I did not know if surgery would be indicated.

After the sedated exam and repeat radiographs, I felt obstruction or partial obstruction was a far less likely diagnosis, and that outpatient treatment was appropriate. Jasmine was ultimately provided outpatient treatment. Discharge instructions were also provided to Ms. Postel, outlining her visit. I also indicated that I would follow-up with her once the radiologist had an opportunity to review Jasmine's radiographs.

I never recommend that Jasmine undergo surgery that evening. Ms. Postel inquired about the cost of surgery when I explained that surgery could be indicated if a linear foreign body was observed. I provided her with an estimate of surgical costs so that she could understand the potential expense involved. Ms. Postel never sign a waiver declining a recommended surgery. There is nothing within the medical records which reflect that a surgery was *recommended*. Ms. Postel simply signed the written surgical estimate because she stated she would not authorize it regardless of what was found diagnostically. If I had felt surgery was indicated that evening, and if Ms. Postel still had declined it, I would have requested that she sign an Against Medical Advice form, indicating we would not be held responsible in the event the patient declined. Ms. Postel was never presented with an Against Medical Advice form.

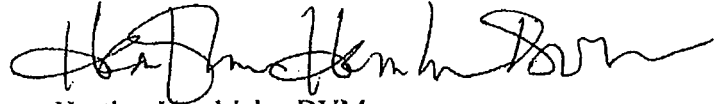
On December 12, 2019, following receipt of Jasmine's medical records, Ms. Postel contacted our hospital and stated to a customer service representative that she believed that medical records were missing and/or altered. This is simply not true. It is impossible for a medical record to be altered after 24 hours of being created, according to AAHA and our hospital policy. I have been licensed and practicing veterinary medicine for 19 years, spending approximately 17 years exclusively in emergency and critical care. Abdominal surgery is a serious undertaking and, of course, is not without risks and the potential for serious complications, regardless of the underlying diagnosis. I have seen both the benefits and ramifications that can be associated with a variety of surgeries and I do not take any of them lightly.

I am confident that all veterinary services provided by me and 1st Pet Emergency Hospital to Jasmine were performed professionally, and in compliance with the applicable standard of care. Thank you for providing me with the opportunity to respond to this Complaint. I respectfully request that the Board dismiss Claim No. 20-41 with no violations.

It should also be noted that my response to this complaint was delayed due to postal error in that it was not delivered to my home address. I forwarded the records as soon as I was

contacted by Tracy Reindeau, and have changed my contact address to that of 1st Pet Veterinary Centers to avoid any errors in the future. Additionally, there was a time delay through AVMA PLIT in processing the case.

Respectfully,

A handwritten signature in black ink, appearing to read 'Heather Hendricks', with a stylized flourish at the end.

Heather Hendricks, DVM

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona Veterinary Medical Examining Board

FROM: PM Investigative Committee: Adam Almaraz - Chair
Amrit Rai, DVM
Brian Sidaway, DVM
Cameron Dow, DVM
William Hamilton

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Dawn Halbrook – Compliance Specialist
Mary Williams – Assistant Attorney General

RE: Case: 20-41
Complainant(s): Veronica Postel
Respondent(s): Heather Hendricks, DVM (License: 3914)

SUMMARY:

Complaint Received at Board Office: 10/10/19
Committee Discussion: 1/7/20
Board IIR: 2/19/20

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On September 17, 2019, "Jasmine," an 8-year-old female domestic short hair cat was presented to Respondent due to vomiting for 4 – 5 days. Radiographs were recommended along with sedation to perform an oral evaluation due to a concern of a possible linear foreign body.

A foreign body could not be confirmed; the cat was administered SQ fluids and Cerenia and was discharged. Radiographs were sent to a radiologist and a linear foreign body obstruction was not suspected.

Complainant was noticed and appeared.

Respondent was noticed and appeared telephonically. Attorney, David Stoll appeared.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Veronica Postel*
- Respondent(s) narrative/medical record: *Heather Hendricks, DVM*

PROPOSED 'FINDINGS of FACT':

1. On September 17, 2019, the cat was presented to Respondent due to vomiting. Approximately 4 – 5 days prior to presentation, the cat began to gag, drool, retch and vomit. Complainant reported that the cat goes outside in the backyard and chews on stringy plant material and had a history of getting into the trash. She also relayed that the cat has been having normal bowel movements. No notations regarding food and water intake.

2. Upon exam, the cat had a weight = 12.7 pounds, a temperature = 100.2 degrees, a pulse rate = 200bpm and a respiration rate = 32rpm; BAR, hydration – within normal limits, mucous membranes – pink, moist. Respondent noted that the cat's abdomen palpated slightly tense. There was a possible string or foreign material under the cat's tongue, however, sedation would be needed for a more thorough exam. Respondent stated that she discussed her findings with Complainant and recommended pain medication for a more thorough evaluation and radiographs to rule out obstruction. Complainant asked what the potential treatment options were if a linear foreign body was found and the associated costs. Respondent explained that with linear foreign bodies, surgery was often needed to remove the foreign material and perforation of the intestines could occur if not promptly addressed.

3. Respondent generated an estimate for pain medication, sedation and radiographs as well as an estimate for surgery if indicated. Complainant expressed financial constraints and advised Respondent that she would not pursue surgery regardless of the results of the diagnostic testing. Complainant signed the estimate approving the pain medication and radiographs to start.

4. The cat was administered butorphanol 1.2mg IM and three views of abdominal radiographs were taken (around 7pm). Radiographs revealed a moderately gas distended stomach, mild gas distension of small intestine and normal formed feces in distal colon. Respondent discussed her findings with Complainant; she also advised that sedation was needed to fully evaluate the cat's mouth and cut a string if present. Complainant authorized sedation; an IV catheter was placed and 30mg propofol was titrated to the cat IV (around 8:25pm). Respondent examined the cat and noted mild soft tissue swelling of the soft palate, consistent with the history of gagging and vomiting. There was no foreign body material present in the oral cavity. At this time, Respondent was able to palpate the abdomen again, which was unremarkable. She also repeated a lateral abdominal radiograph which showed the gas moving through the intestine. There was the possibility of soft tissue density foreign material in the cranial abdomen, but there was no evidence of a complete obstruction, according to Respondent's narrative.

5. The medical record reads that radiographs revealed decreased gas in stomach, gas pattern is moving and now possible foreign material observed. Discussed findings with pet owner – discussed gastroenteritis, obstruction, partial obstruction. Prognosis = guarded.

6. According to Complainant, Respondent recommended surgery due to a probable obstruction and pointed to an area on the radiographs where the obstruction could be. She continued that if the cat did not have surgery, it would put the cat in a precarious situation and insisted there was a sense of urgency to perform the surgery. Complainant declined the surgery and believed she signed a waiver to not have the surgery performed. Respondent advised Complainant that the radiographs would be sent for review by a radiologist.

7. Respondent recommended SQ fluids and Cerenia (at no charge, due to financial constraints) and would review the radiologist's report with Complainant the following day. The cat was administered 100mLs LRS SQ and 5mg Cerenia IV and was discharged to Complainant with instructions to monitor the cat and return if there were any concerns.

8. The following day, Complainant spoke with Respondent and was advised that the radiologist reported there was no evidence of GI foreign body or obstruction.

COMMITTEE DISCUSSION:

The Committee discussed that after hearing testimony and reviewing all the case file materials, that this is a case of communication surrounding if surgery was recommended or not.

From a medical perspective, the Committee felt that the recommendations for diagnostics and lab work were appropriate. It seems at times when speaking to a client, hypothetically questions come up, those hypothetical situations may not occur but can cause stress to the client not only with finances but what will happen to the pet; it could have happened in this case and questions surrounding a possible string foreign body. String foreign bodies can be one of the many reasons why cats vomit and the Committee understood why Respondent was concerned about that; it is a medical emergency and needs to be addressed right away. It is common in cats -- tinsel, dental floss, wool, etc, -- the material gets anchored under the tongue and cannot pass and can cause a perforation.

The Committee did not believe Respondent or the clinic were making recommendations for financial reasons. There were some services that were not charged for. It appeared this case was a communication issue; pet owners do have anxiety and stress when their pet is sick which could have led to some misunderstanding.

The Committee did not feel there were medical record issues. Complainant was presented an estimate for the surgery, including blood work, per her request, which was declined. Complainant was not presented with an Against Medical Advice form as she had thought.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

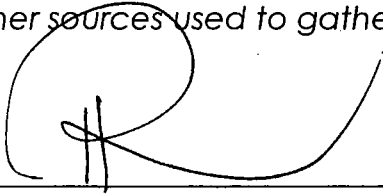
Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the

complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'TR' with a large loop, positioned above a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division